

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012209

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 95

300
1-57

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico OR TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELLFLOWER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Audrain Hospital, Ida HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BLANCHE PROFFITT		4. DATE OF DEATH Month Day Year 5 2 59	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 16 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. FATHER'S NAME Dan Coolen		10b. MOTHER'S MAIDEN NAME Laurie Adkins	11. BIRTHPLACE (City and state or country) Nebraska
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 515-14-7788	17. INFORMANT Address Kelly Proffitt Bellflower Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBARACHNOID HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RUPTURED HEART ANEURYSM DUE TO (c) UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33CX			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 5-1-59 to 5-2-59 and last saw her alive on 5-2-59 6:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Leonard Adams MD		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 5-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-59	23c. NAME OF CEMETERY OR CREMATORY JONESBURG	23d. LOCATION (City, town, or county) (State) JONESBURG MO
24. FUNERAL DIRECTOR ADDRESS Carl A. Harding Jonesburg Mo		25. DATE RECD. BY LOCAL REG. May 2-1959	26. REGISTRAR'S SIGNATURE Blanche Neely

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

LEONARD A. DAVIS, Jr. MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jeneshung ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.